Issued to Donald Morris
Name of Deceased Mayore Fairbanks Me Donal
Age 73 years 6 months 27 days
Place of death I Condaville Id Soveplan
Date of death 2 30 7/
Cause of death Own line unted Scherases
Interment at Rural Cemelery
Date permit issued January 2-1972
Certified by Limstly & Stone M. D.

	7-
No.	

This coupon to be returned immediately, properly endorsed

to OSeat - Brand Theneth
City or Town of Analyland Mass. Name of deceased Manfael Jairlank McCom
If a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery or crematory) (City or town)
on January 3-1972 - 947 AM

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Certified by Buzza svet.

Issued to John P. Rowe
Name of Deceased Lameth S. Kingshury
Age
Place of death 5 Penerone Lane Southboro
Date of death Jan 20, 1972 Waluruf Couses - Heart Reserve
Cause of death The Coronery occiles in
Interment at Kural Cemelon, Soulhbow
Date permit issued
Certified by Salden Gould M.D.

	7 7	7
	12	-/
No.		

This coupon to be returned immediately, properly endorsed

to (Office issuing permit)
City or Town of Mass.
Name of deceased Langell Kingshura,
If a U.S. War Veteran, specify what war, organization, etc.
loved war T
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
t Rural Cemetery Southbord (Name of cemetery or crematory) (City or town)
n January 23-1972 - 230 PM
Certified by Sar Battany Supt. (Signature of Superintendent, cemetery or crematory)

Issued to Driving w Harper-
Name of Deceased K. L. T. A.S. H. Camphell
Age 69 years 5 months days
Place of death 249 Parkerwelleld, Southlas
Date of death February 26, 1972
Cause of death promary Thrombes -
Cause of death promary Thrombes — Outgroscleroses Coronary Interment at March Control of State of St
\mathcal{A}
Date permit issued
Certified by I smalley P. Stone M. D.

	- 1	(winds	
	7/ -	- 4	
No	11	-	************
740.	***************************************	**********	*************

This coupon to be returned immediately, properly endorsed
to a gent Board of Kleally (Office issuing permit)
City or Town of Mass.
Name of deceased Kennas H. Campbell
If a U.S. War Veteran, specify what war, organization, etc.
No
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southboro (Name of cemetery or Grematory) (City or town)
on February 29-1972 12 15 PM
Certified by

No. 12-4

BURIAL (OR REMOVAL) PERMIT

Issued to Donned C Morris
Name of Deceased Charles Summer Barton
Age 59 years 4 months 25 days
Place of death 116 Main SV - Southboard
Date of death 3/4/72 Matural Causes: Heart Disease fres Cause of death Coronary orchusion (Found dea
Cause of death Coronary occlusion (Found dea
Interment at Kural Cemeters
Date permit issued 3 9 72
Certified by Salden Guld, M.D. M.D.

No.	***************************************

This coupon to be returned immediately, properly endorsed

to a gent 2 and 2 backs (Office issuing permit)
City or Town of Soullhorough Mass.
Name of deceased Charles S. Barton
If a U. S. War Veteran, specify what war, organization, etc.
None
ENDORSEMENT
ENDORSEMENT (To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was

If there is no officer in charge, undertaker should sign and return this stub.

Certified by Ler Bestings Superintendent, cemetery or crematory)

	7 2	1	
No.		-)	

Issued to Daniel C Morres
Name of Deceased hellan In (Campbell) O Donnell
Age 90 years 8 months 19 days
Place of death // (s. Southwelle ld Southbas
Date of death 3/20/22
Cause of death Cardiac Failure
Date of death 3/20/72 Cause of death ardiac Failure hypertension h Disease- Interment at St Bridgets Century Maylard Date permit issued 3-2-23-72
Date permit issued 3-2-23-72
Certified by Marely Meserve M. M. D.

No.	***************************************

This coupon to be returned immediately, properly endorsed

to Board of Health (Office issuing permit)	
City or Town ofSouthborough Mass	s.
Name of deceased Lillian M. (Campbell) O'Donne If a U. S. War Veteran, specify what war, organization, etc.	ïı
None	

ENDORSEMENT

ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at Name of cemetery or crematory) (City or town)
Certified by Sha D. Callahan Postov (Signature of Superintendent, cemetery or crematory)

Issued to Donaed C Morres
Name of Deceased Jaulia M. O. Counsell
Age 96 years 7 months 20 days
Place of death 1 Fisher Rd Sortellars
Date of death 4-5-72
Cause of death Oldemoreuremonia, Breast, 4
Interment at Immarcul site Casaglass - marelino mas
Date permit issued 4-6-72
Certified by Januarhan P. Stone M. D.

No.	

This coupon to be returned immediately, properly endorsed

to Board of Health (Office issuing permit)
City or Town of Southborough Mass.
Name of deceased Julia M. O'Connell If a U. S. War Veteran, specify what war, organization, etc.
None
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(Name of cemetery or crematory) (City or town)

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

on April 7,1972

	17	1	
No.	14		

Issued to Mr. Coney - Doner h. H	
114 houset St. Doner n. H	
Name of Deceased Agence B Beckingham	
Age 79 years 9 months 2/ days	
Place of death 16 Month Ton, Rd. Sarahhas	
Date of death Opul 5 - 1972	
Cause of death Through Course of death Through Dese	2e
Interment at Al Musig Clematery Date permit issued 4 8 - 72	
Date permit issued	
Certified by Temather Ostone M. D.	

No. 12-8

BURIAL (OR REMOVAL) PERMIT

Issued to Donald C Turner
Name of Deceased Jessiehouse (Hyde) Beaton
Age years 4 months 13 days
Place of death & Prentess St. Sneuborough
Date of death Lept 7 - 1972 Cause of death Anterior Clare Gorta Cause of death Anterior Chrose - Meremonia bronchood incipient - 2 days Interment at Kural Claretery Louishon
Cause of death Anterior Carosin = Meumonia
Interment at Lural Christery Sousilon
Date permit issued September 8-1972
Certified by Tunstly P Stone M. D.

This coupon to be returned immediately, properly endorsed
to Board of Health (Office issuing permit)
City or Town of Southborough Mass.
Name of deceased Jessie L. (Hyde) Beaton
f a U. S. War Veteran, specify what war, organization, etc.
None
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
Rural cemetery Southborough Mass (Name of cemetery or crematory) (City or town)
Sept. 9,1972 - 8 40 PM

	Issued to Daniel C Monrie
	Name of Deceased Hulen O (Puru) Killiam
	Age 72 years 7 months 25 days
	Place of death 43 Richards Ld Southborough
	Date of death 11-13-72 Coronary Thrombasis - Audden Cause of death Coronary Salerasis Asternosde
,	Cause of death Coronary Solerasis Anterior de
	Interment at Pural Cenaretery
	Date permit issued 11-15-12
	Certified by The M. D.

	72 - 1	1
No.		/

This coupon to be returned immediately, properly endorsed
to Agent Band of Wealth
City or Town of Agricular and Mass.
Name of deceased / Lelean a (Pierra) Killiani
f a U. S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was lisposed of in accordance with its terms
t Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)
(Name of cemetery or crematory) (City or town) n November 16-1972 2 2 5 PM

Stub to be retained by officer issuing permit

Issued to Donald C Marris
Name of Deceased Labert & Caleman
Name of Deceased
Age 62 years 6 months 19 days
Place of death
Date of death Albruary 2, 1973 Natural Causes Heart Disease Cause of death Phrismands Mujor ardial and Interment at Assaral Cause tory
Date permit issued 2 - 4 - 7.3

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)

y or Town of Southborough Mass.
me of deceased Robert E. Coleman

None

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was osed of in accordance with its terms

Rural Cemetery Southbord
(Name of cemetery or crematory) (City or town)

February 5-1973 - 11 - AM

ified by Ser Bertony Sopt.
(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Donald C Morres
Name of Deceased Timothy whistler
Age 15 years 2 months 12 days
Place of death
Date of death 4- 13- 73
Cause of death is physication by Duspension Suicidal
Interment at Highland emelerate burntha
Date permit issued Aril 14-1973 -
Cortified by S. alden Girld M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to a gent - Board The alth

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

(Name of cemetery or crematory) (City or town)

+-6-3

rtified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

natural Causes - Heart

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Office issuing permit)

City or Town of Mass. Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

AT RURAL CEMETERY CREMATORY, WORCESTER, MASS.

FEB 1 2 1973

Certified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Donald C Minri
Name of Deceased Doris La Onke Juliana
Age 6/ years 4 months 9 day
Place of death 120 Molling Road -
Date of death 5 13 73
Cause of death Pipelouphritis
Interment at Runal Centeteny
Date permit issued 5 5 7 3 -
Certified by Line Land P. Stone M. I

BURIAL (OR REMOVAL) PERMIT

This coupon to	be	returned	immediately,	properly	endorse
----------------	----	----------	--------------	----------	---------

toB		Health	********
City or Town of	Sou	uthboro	Mass
Name of deceased	Doris	L.(Drake)Jo	hnson

None

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

	(Name of cemetery or crematory)	(City or town)
on	May 16 (350 P.M.) 1973	

No. 5-13

R-309

No. 5-13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Marris
Name of Deceased Kluin R Yould
Name of Deceased
Age 14 years 2 months 29 days
Place of death Wooded area on Woodlandla
Date of death
Cause of death a shy fration by Suspension Sylicidial Interment at Reval Cemetery
Sefecidal
Interment at Reval Umetery
Date permit issued July 16/1973
Date permit issued July 16/1973 Certified by Salden Suild M. D.

BURIAL (OR REMOVAL) PERMIT

This	coupon	to	be	returned	immediately,	properly	endorsed

to Board	Of Health Office issuing permit)	
ity or Town of	Southboro Mas	33
ame of deceased Key	in R. Gould	•••
f a U.S. War Veteran,	specify what war, organization, etc.	
7.7		

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

+ Rura	1 Cemetery	Southbo	70
&U	(Name of cemetery or cremator		(City or town)
m July	17-1973-11:38	AM	
Certified by	(Signature of Superintendent.	cemetery or cr	ematory)

This coupon to be returned immediately, properly endorsed
to Oser - Board & Health
City or Town of Acrille County Mass. Name of deceased Helen V. County Concassor
Name of deceased s
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Name of cemetery or crematory) (City or town)

On (Signature of Superintendent, cemetery or crematory)

Janungham

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to David C Morres
Name of Deceased Juseph Pugui
Age 74 years 10 months 25 days
Place of death 3 th I have pulse Rd
Southbolow sh
Date of death 8 - 14 - 1973
Cause of death Arnhasis - Emplipena
Cause of death
Interment at Kurail Cemeterry Southlesse.
Date permit issued 5-15-73
Man Allett.
Certified by Narry A Coldstein M. D.

BURIAL (OR REMOVAL) PERMIT

This coup	on to	be	returned	immediately,	properly	endorsed
-----------	-------	----	----------	--------------	----------	----------

toBoar	d of Health (Office issuing permit)	
City or Town of	Southboro M	lass.
Name of deceased	Joseph Pugni	

If a U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

04	Rural Cemelery 3001	neury
	(Name of Cemetery of Cremators)	(City or town)
on	August 17, 1973 - 1120 AM	
Ce	rtified by L. Butage Suprintendent, cemetery or	crematory)

No. 8 - 13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Kalert K Wadsworth
Name of Deceased Harrison L. Reinke
Age 68 years 2 months 2/ days
Place of death 5-2-A-Main Street
Date of death
Date of death Date of death Donardial Enfarction Cause of death Monary Occlusion Orterogalerotus Spar Sissease Interment at Menton Crematory Menton
Interment at Newton Crematory Newton
Date permit issued 10/19/73
Cortified by Jimo The P-Stone M.D.

Burial Permet 11/9/73

BURIAL (OR REMOVAL) PERMI

This coupon to be returned immediately, properly endorsed

to a gent = Board of Health

City or Town of Houllboursh Mass.

Name of deceased Amison L Klinke

If a U.S. War Veteran, specify what war, organization, etc.

REMATED

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

NEWTON CEMETERY & CREMATORY

October 20, 1973

on Certified by Proge D. Dilha

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cometery or crematory)

Stub to be retained by officer issuing permit

Issued to Serlman Juneral Home
Issued to Walker Manager To Comments
Name of Deceased David Charles Goldstein
Age 4 years 4 months 5 days
Place of death Manyingham Rd Southborons
Place of death Manual M
Date of death Oct 31-1973
Cause of death Massive Skull Tradure i automobile accident Interment at Hopedule Cemetery Josedal
automobile 'accident
Interment at the College of the constant of th
Date permit issued

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Coffice issuing permit)

(Office issuing permit)

Mass.

fa U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

(Name of cemetery or crematory) (City or town)

ertified by (Signature of Superintendent, cemetery or crematory)

No. 10 - 73

2

No. 10 - 73

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Movres
Issued to South
Name of Deceased Harry Onupoch
Traine of Deceased millions
Age 2 years months 2 days
Place of death 14 Deerfort Rd South
Date of death 101 - 6 - 1973
Accidental due cardias are Cause of death Planting from electric store
Cause of death Regulling from Electric Star
by contacting exposed electric wir
Interment at Kurul Lemelery
Date permit issued 11-9-73
Certified by & alden Guild M. D.
Certified by M. D.

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly	endorsed
--	----------

to a sent - Doard & Health

(Office issuing permit)

Was

a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

Rural Cemetery Southbore
(Name of cemetery or crematory) (City or town)

November 10-1973 1150 AM

rtified by for Control Superintendent, cemetery or crematory)

No. 11-73

No. 11-73

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald (morris
Name of Deceased Anne Dancis Kanzer J
Age 39 years 1 months 25 days
Place of death 15 high a St - Southline
Date of death 11-8-73
Date of death 17-8-13 Valural Causes : Heart disease Cause of death Coronary occlusion
Interment at Rural Cemetery
Date permit issued 11-9-73
Certified by Salden Guild M. D.

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
to agent - Soard of Health
(Office issuing permit)
or Town of Southborney, Mass
ne of deceased hours Francis Larrier fr
U. S. War Veteran, specify what war, organization, etc.
Corean - army

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used of in accordance with its terms

(Name of cemetery or crem		or town)
November 10-1973	953 AM	

(Signature of Superintendent, cemetery or crematory)

Certified by

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Age _______years ______ months _____ days Date of death Jan 3-1974 Yound dead in Bed &

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Hard Doard of Mall (Office issuing permit)

ity or Town of Mass.

ame of deceased United the state of deceased

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

Wilson Moore Lot South side
(Name of cemetery or crematory) (City or town)

January 5, 1974

rtified by Menand January (Signature of Superintendent, cemetery or crematory)

No. 2 - 74

No. 2 - 74

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

BURIAL (OR REMOVAL) PERMIT

^	to gast Sand a Health
Issued to Donald C Maria	y or Town of Southborough Mass.
Name of Deceased Alie L (hong) Twombly	me of deceased Alsalah (hong) Issomably
	U. S. War Veteran, specify what war, organization, etc.
Age 83 years 8 months 23 days	
21 22 5	The state of the s
Place of death 254 Varkerville Rd - Southh	ENDORSEMENT
Date of death 72 28 - 1974	(To be filled in by cemetery or crematory official)
natural Causer, Heart Disease	hereby certify that the body accompanying this permit was
Cause of death Resumably Coronary Ochusio	Pine Till Centery Dover n. H.
Interment at Russ / Lill Cometery Jones	(Name of cemetery or crematory) (City or town)
Date permit issued 29,1914	tified by Michael & more
I had by	(Signature of Superintendent, cemetery or crematory)
Certified by M. D. M. D.	here is no officer in charge, undertaker should sign and return this stub.

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND WELFARE CERTIFICATE OF DEATH

		CERTIFICATE	OF DEATH	1			
LOCAL FILE NUMBER DECEASED—NAME FIRST	MI	IDDLE	LAST SE	X	THE RESIDENCE OF THE PERSON OF	FILE NUMBER DEATH (MONTH, D	AY, YEAR)
1. Bertie	Asa	Chadwick	2.	M	s. Mar	ch 1, 1974	
RACE WHITE, NEGRO, AMERICAN INDIA ETC. (SPECIFY) 4. White	N, AGE—LAST BIRTHDAY (YEA 5A. 83	UNDER 1 YE MOS D	AR UNDER 1 AYS HOURS 5C.	MIN. (MONTH, DAY, YE	COUNTY OF	
CITY, TOWN, OR LOCATION OF DEAT	гн	HOSPITAL OR	THER INSTI	TUTION-I	NAME (IF NOT IN	EITHER, GIVE STRE	ET AND NUMBER)
7B. Nashua			Memoria	-			
STATE OF BIRTH(IF NOT CITIZEN (IN U.S.A., NAME COUNTRY) 8. Vermont 9. U.	S.A.	MARRIED, N WIDOWED, I	DIVORCED (S	PECIFY)		e E. Hillia	
SOCIAL SECURITY NUMBER USUAL WORKING	LIFE, EVEN IF RE		DONE DURING	MOST OF	KIND OF BUSI		RY
RESIDENCE-STATE COUNTY		OWN, OR LOCAT	TION			ND NUMBER	
14A. N.H. 14B. Hi	116. 140.	Hollis			14D. 45	Ranger Roa	d
FATHER-NAME FIRST 15. George	J. Cha	last idwick	MOTHER-MA		ME FIRST	MIDDLE	all LAST
INFORMANT-NAME			ADDRESS			NO., CITY OR TOWN	contraction was a substitute of the contraction of
17A. Mrs. Christie E. C.	hadwick	178. 45	Ranger	Road I	Collis New	Hampshire	03049
PART I DEATH WAS CAU	SED BY: [E	NTER ONLY ONE	CAUSE PER	LINE FOI	R (A), (B), AND	(C) APPROXII	MATE INTERVAL
18. IMMEDIATE CAUSE (A)	tastatic cs	rcinoma of	prostat	e		1 Yea	r
DUE TO, OR CONDITIONS, IF ANY, WHICH GAVE RISE TO	AS A CONSEQUENCE	E OF:					
IMMEDIATE CAUSE (A), (B)	AS A CONSEQUENCE	OF:					
(C)	ONDITIONS: CON	IDITIONS CONTRIB	UTING TO DEA	TH BUT	AUTOPSY	IF YES WERE	FINDINGS CON-
PART II. OTHER SIGNIFICANT C		DITIONS CONTRIB	orms to bea	501	(YES OR NO)	SIDERED IN DETE	
ACCIDENT, SUICIDE, HOMICIDE, DA	TE OF INJURY	MONTH, DAY, YEAR	HOUR			CURRED (ENTER N	ATURE OF INJURY
20A. 20			20C.	M. 201			
INJURY AT WORK (SPECIFY YES OR NO) 20E. PLACE OF INJ OFFICE BLDG., I	URY AT HOME, FAR	KM, SIREET, FACTO	PRY, LOCATI	ON	(STREET O	R R.F.D. NO., CITY	OR TOWN, STATE)
CERTIFICATION— MONTH DAY YEAR PHYSICIAN: 21A. I ATTENDED THE DECEASED FROM	3-1-74	AND LAST SAW HER ALIVE ON MONTH DAY Y	THE B	ody AFTER	DEATH OCC (HOUR)	. OF MY	PLACE, ON THE ND, TO THE BEST KNOWLEDGE, DUB AUSE(S) STATED
CERTIFICATION-MEDICAL REFEREE NATION OF THE BODY AND/OR THE INVIDENTH OCCURRED ON THE DATE AND DU	ESTIGATION, IN MY	OPINION,	HOUR OF DE			RONOUNCED DEAD DAY YEA	
CERTIFIER-NAME (TYPE OR PRINT)		NATURE Harris A	Rammay		OR TITLE D	ATE SIGNED (MON	
Harris A. Berman 23A. MAILING ADDRESS-CERTIFIER	23B.			CITY OR		STATE	ZIP
23D.	50					ew Hampshir	
BURIAL, CREMATION, REMOVAL OR ENTOMEMENT (SPECIFY)		CREMATORY-N.		OCATION	Southbor	o Mass.	STATE
DATE (MONTH, DAY, YEAR) 24D. March 4, 1974	FUNERAL	L HOME -NAME		The state of the s		no., city or town	Control of the Contro
FUNERAL DIRECTOR-SIGNATURE Charles H. Farwell		Cocilo	B. Four		940779	March 4, 1	07h
DATE REC'D BY TOWN OR CITY CLEI	20	K'S OWN SIGNA			CLERK OF Nashu		
27A. March 4, 1974	27B.				27C.	APP 0 0 mm	
A true copy, Attest:	el Jul	hast.	Clerk of	ASHUA, I	N. H. 03060 D	ated	

3-70-50M

N. 15-74

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Paris Ralderson
Name of Deceased Manual Box Claust
Age years 4 months 22 days
Place of death 53 Oak Will Rd-
Date of death Polymany 8 - 1974 Sudden Cause of death Polymand Conormany Ironto
Cause of death Messessian all and an army line and army line and army line and army line army li
Interment at hew Pine Grove Cerretor
Interment at Men 1 110 Story Children
Waterbury, Cour -
Date permit issued Jelinian 9, 1974
Certified by Linstly PStone - M. D.
The Division of the Division o

JRIAL (OR REMOVAL) PERMIT

	This coupon to be returned immediately, properly endorsed
	to agut = Board a Health (Office issuing permit)
	(Office issuing permit)
	or Town of Santhland Mass
	e of deceased Suis M. Basel and D.
1	U. S. War Veteran, specify what war, organization, etc.
	Commence of the Commence of th

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used of in accordance with its terms

NEW PINE G	ROVE	WATERBURY
(Name of cemetery		

FFB 12 1974

Faul F. Miller

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Age 49 years 9 months 13 Place of death 258 / urmpike Rd Southbou Smoke with a lation (Dound dead)
Cause of death on edge of hed) in his room
which was on fire-Date permit issued

This coupon to be returned immediately, properly endorsed

U.S. War Veteran, specify what war, organization, etc.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

(Name of cemetery or crematory) (City or town)

(Signature of Superintendent, cemetery of crematory)

Stub to be retained by officer issuing permit

Issued to Donald C Marris
Name of Deceased Eva & (Mitcheel) Tantony
Age
Place of death 5 19 wropshe Rd - Daywille
Date of death 5/14/14 Carcinoma melastate Cause of death Maintain & breast
Cause of death Canana le breast
Interment at Lural Cemetery
Date permit issued Mary 16,1974
Certified by Timothy P. Stone M. D.

BURIAL (OR REMOVAL) PERMIT

This	counon	to	he	returned	immediately	manamila	am da un ad
7 1000	coupon	LU	ve	returnea	ımmeavateiv.	propertu	endorsed

to (Jent = Dand & Moalth
(Office issuing permit)

ty or Town of Southborough, Mass.

ame of deceased & Matchell Danton,
a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was posed of in accordance with its terms

Rural Cometery Southbord
(Name of cemetery or crematory) (City or town)

May 17-1974 1045 AM

rtified by Sathaga Sv. 1.

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Donald C Marris
Name of Deceased Edward A Perham
Age 20 years 3 months 7 days
Age 20 years 3 months 7 days a Public service garage Place of death Park St Southbough
Date of death September 15 - 1974 Compound Communited Fraction of Cause of death Skill with lacer ation of Sa
Interment at Lural Cemelery
Date permit issued Sept 16-1974
Certified by Timothy P. Stone M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Coffice issuing permit)

City or Town of And And Mass.

Name of deceased Solution of Plana.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was isposed of in accordance with its terms

t.	Rural Cemetery Sou	thbord
		(City or town)
n	September 17 - 1974 -	11 05 AM
e	rtified by Les Bertonom Supl.	

f there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Donald C. Morris
Name of Deceased annette V (Zumm) Carro
Age 72 years 0 months 13 days
Place of death 71 Southwelle Rd Southbook
Date of death October 13-1974 Metastatic Carcinoma Cause of death Carcinoma, left breast
Cause of death Carrenoma, left breast
Interment at Rural Cemetery
Date permit issued (Ictalian) 15,1974
Certified by M. D.

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to agent = Bland of Health,

ame of deceased Annettle V (Queen) Carroll a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

Rural Postly Southborn Mass (Name of cemetery) or crematory) (City or town)

ertified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Certified by Isnothy V. A

RIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board Wealth
(Office issuing permit)

or Town of Mass
e of deceased Management Mass
U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was bosed of in accordance with its terms

(Name of cemetery or crematory)
(City or town)

rtified by Signature of Superintendent, cemetery or crematory)

(OR REMOVAL)

This coupon to be returned immediately, properly endorsed

BURIAL (OR REMOVAL) PERMIT

	to a gent = Board of Veseth
Issued to Donald C Morris	y or Town of Southborough Mass.
Name of Deceased Julian J. Montvitt	me of deceased Julian J. Montvitt
V	1 U. S. War Veteran, specify what war, organization, etc.
Age 69 years 7 months 14 days	
Place of death 124 Turnpike Pd	
	ENDORSEMENT
Date of death Dehruary 23, 1975	(To be filled in by cemetery or crematory official)
Date of death Debruary 23, 1975 Myorardial Ischemia Arteriorschen Cause of death Caronary Iclerasis Dealecter Me	hereby certify that the body accompanying this permit was sosed of in accordance with its terms
Interment at Russ Cemetery Southhors.	(Name of cemetery or crematory) (City or town)
2	February 25-1975 - 11- AM
Date permit issued . Latermany 2 4, 1975	tified by far Butneyn' Supt. (Signature of Superintendent, cemetery or crematory)
Certified by Thinkley P. Stone M. D.	here is no officer in charge, undertaker should sign and return this stub.

Issued to Donald C Morris
Name of Deceased Theodore K Carr
Age 44 years 2 months 26 days
Place of death South low sounds
Date of death Murch 18-1975
Cause of death Death by Drawning? Suiceful Interment at My Pleasant Cernetery— St Ghurhury Vt Date permit issued March 20, 19, 7,5
Interment at My Pleasant Cemeters -
St ghurhury Vt.
Certified by A Olden Juild M. D.

BURIAL (OR REMOVAL) PERMIT URIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit	This coupon to be returned immediately, properly endorsed
Issued to Donald C Morris	to a gent = Board of Health
Name of Deceased Ruth Johnsons	me of deceased Ruth Johnson -
	a U. S. War Veteran, specify what war, organization, etc.
Age 62 years 10 months 26 days	
Place of death 47 Oregon Rd-Sorthon	ENDORSEMENT
Date of death May 29, 1975	(To be filled in by cemetery or crematory official)
Carcinotha metastatic	hereby certify that the body accompanying this permit we posed of in accordance with its terms
Interment at Reval Cemetery South	Rural Cemetery Southbord (Name of cemetery or crematory) (City or town) May 31-1975 2:30 PM
Date permit issued	rtified by

4/15

No. 4/75

URIAL (OR REMOVAL)

BURIAL (OR REMOVAL) PERMIT

State to be retained by these retains permit	This coupon to be returned immediately, property endorsed
Issued to Marren A Rand	to a gent Board of Health
	y or Town of Mass. Mass.
Name of Deceased A lande J James Marrie	me of deceased Kolan de Hagus Morrie
	3 U. S. War Veteran, specify what war, organization, etc.
Age	
1 - 0, 1 -	
Place of death Andhurlls Kd Southburg	ENDORSEMENT
Date of death August 10 1975	(To be filled in by cemetery or crematory official)
driver of car-	hereby certify that the body accompanying this permit was bosed of in accordance with its terms
Cause of death Severe Laceraleka frame	It Lukes Cometery Hest box
Interment at II July a lemel any	(Name of cemetery or crematory) (City or town)
Date permit issued Que gust 1111975	tified by Clerke of Superintendent, cemetery or crematory)
Certified by Justitus Pollone M. D.	here is no officer in charge, undertaker should sign and return this stub.

4 . _

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris
Name of Deceased June My Silvestry
Age 52 years months 2 days
Place of death 64 Hagg Pd Smillions
Date of death 12 2 75
Cause of death Camer of Breast
Interment at Kural Camelon
Date permit issued 12 3 7
Certified by Suncial President D.

B	U	R	A	L	(0	R	R	E	M	0	V	A	L)	P	E	R	N	1	1	r

This compone to be returned immediately, property endorsed
to Agust - Board of Health
(Office issuing permit)
y or Town of Southboareh Mass.
me of deceased Anne (Silvestri)Laptewic:
a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

None

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was sposed of in accordance with its terms

Rural Cemetery	Southbo	oro
(Name of cemetery of	or crematory)	(City or town)
December 5-1973	5-10 55 AM	

(Signature of Superintendent, cemetery or crematory)

No. 6/15

0

No. 6/75

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Trederick R. Fitzgerald
Name of Deceased antimo Pietroluongo
Age 8 10 years 8 months 14 days
Place of death 1/0 Disher Rd Southborns
Date of death Dec 17, 1975
Cause of death aramoma of lung
Interment at marcher Conception - Marchero Date permit issued Lec 18,1975
marehoro
bate permit issued

URIAL (OR REMOVAL) PERMIT

This counon to be returned immediately properly endorsed

to a sport = Board of Health
(Office issuing permit)
y or Town of Southborough Mass
me of deceased Putinis Pietroluongs
a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was posed of in accordance with its terms

(Name of cemetery or crematory) (City or town)

December 20, 19, 24

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

221 Parkerville K

SURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Bound of Nealth agent

a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was posed of in accordance with its terms

Rural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

December 26-1975 - 2:45 PM

(Signature of Superintendent, cemetery or crematory)